

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

THOMAS G. COOPER *et al.*

Application No.: 10/726,795

Filed: December 2, 2003

For: FLEXIBLE WRIST FOR
SURGICAL TOOL

Examiner: Vi X. Nguyen

Art Unit: 3731

**SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER
37 CFR §1.97 and §1.98**

MAIL STOP AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A are being called to the attention of the Examiner. Copies of the references are not enclosed.

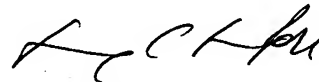
It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This Supplemental IDS is being filed before the mailing date of the final Office Action or Notice of Allowance.

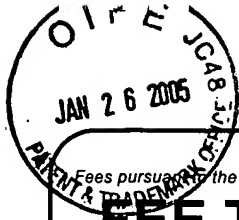
Please charge the Supplemental IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Chun-Pok Leung
Reg. No. 41,405

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT****(\$ 180.00)****Complete if Known**

Application Number	10/726,795
Filing Date	December 2, 2003
First Named Inventor	Cooper, Thomas G.
Examiner Name	Vi X. Nguyen
Art Unit	3731
Attorney Docket No.	017516-009610US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____ -20 or HP = _____ x _____ = _____						

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ -3 or HP = _____ x _____ = _____			

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Submission of Information Disclosure Stmt**Fees Paid (\$)****180.00****SUBMITTED BY**

Signature

Registration No. 41,405
(Attorney/Agent)

Telephone 650-326-2400

Name (Print/Type)

Chun-Pok Leung

Date January 24, 2005



Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Complete if Known		
		Application Number	10/726,795	
		Filing Date	December 2, 2003	
		First Named Inventor	Cooper, Thomas G.	
		Art Unit	3731	
		Examiner Name	Vi X. Nguyen	
Sheet	3	of	Attorney Docket Number	017516-009610US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
	AA	US-2004/0236316 A1	11-25-2004	Danitz et al.	
	AB	US-2004/0158268 A1	08-12-2004	Danitz et al.	
	AC	US-			
	AD	US-			
	AE	US-			
	AF	US-			
	AG	US-			
	AH	US-			
	AI	US-			
	AJ	US-			
	AK	US-			
	AL	US-			
	AM	US-			
	AN	US-			
	AO	US-			
	AP	US-			
	AQ	US-			
	AR	US-			
	AS	US-			
	AT	US-			

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
	AU							<input type="checkbox"/>
	AV							<input type="checkbox"/>
	AW							<input type="checkbox"/>
	AX							<input type="checkbox"/>
	AY							<input type="checkbox"/>
	AZ							<input type="checkbox"/>
	BA							<input type="checkbox"/>
	BB							<input type="checkbox"/>

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.